


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 20, 2004 8:00 am**  
**Secretary of State**

05-20-2004 90276 001 \*\*\*158.75  
 05-20-2004 90276 002 \*\*\*400.00

|   |   |
|---|---|
| <b>DOCUMENT # 805834</b>                            |  |
| 1. Entity Name<br>HALLIBURTON ENERGY SERVICES, INC. |   |

|  |  |
|--|--|
| Principal Place of Business<br>4100 CLINTON DR<br>HOUSTON, TX 77020 US | Mailing Address<br>4100 CLINTON DR<br>ATTN. LICENSING DEPARTMENT<br>HOUSTON, TX 77020 US |
|--|--|

00460631



|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |

04122004 Chg-P CR2E034 (10/03)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>73-0271280 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br>CT CORPORATION SYSTEM<br>1200 PLANTATION ROAD<br>PLANTATION, FL 33324 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS                     |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |
|--|---|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPS<br>ALLEN, JOHN<br>10200 BELLAIRE BLVD.<br>HOUSTON, TX 77072 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | SRVP<br>GIBSON, JOHN W<br>10200 BELLAIRE BLVD.<br>HOUSTON, TX 77072 <input type="checkbox"/> Delete             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPTD<br>BLURTON, JERRY H<br>4100 CLINTON DR<br>HOUSTON, TX 77020 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | VP & T<br>Jerry H. Blurton<br>1401 McKinney # 2400, Houston, TX 77010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | CEOP<br>LESAR, DAVID J.<br>3600 LINCOLN PLAZA, 500 N. AKARD<br>DALLAS, TX 75201 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | CEOPD<br>David J. Lesar<br>1401 McKinney # 2400, Houston, TX 77010 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AS<br>MYERS, W. DAN<br>2101 CITY WEST BLVD.<br>HOUSTON, TX 77042 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | AT<br>LAND, LAURENCE<br>10200 BELLAIRE BLVD.<br>HOUSTON, TX 77072 <input type="checkbox"/> Delete               | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jerry H. Blurton Date: 5/14/04  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #